



Belmont Permit Center

PERMIT APPLICATION

Application No.: _____

Case Type:

Zoning of Property: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Tentative Tract Map | <input type="checkbox"/> Certificate of Appropriateness |
| <input checked="" type="checkbox"/> Variance | <input type="checkbox"/> Façade Improvement Rebate | <input type="checkbox"/> General Plan Amendment |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Rezoning / Zoning Ordinance |
| <input type="checkbox"/> Floor Area Exception | <input type="checkbox"/> Grading Permit Approval | <input type="checkbox"/> Geologic Review |
| <input type="checkbox"/> City Code Exception | <input type="checkbox"/> Conceptual Development Plan | <input type="checkbox"/> Geo-Hazards Map Amendment |
| <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Detailed Development Plan | <input type="checkbox"/> Subdivision Ordinance Exception |

Zoning Case Numbers: _____
(Staff Use Only)

Project Description: _____

Property Description:

Street Address: _____, Belmont, CA 94002	Assessors Parcel Number: _____
Property Area (sq. ft.): _____	Nearest Cross Street: _____

Applicant Information:

Owner Name: _____	Telephone Number: _____ ()	Fax Number: _____ ()
Mailing Address, if different from Site Address: _____		E-mail Address: _____
Applicant Name, if different from Property Owner: _____	Telephone Number: _____ ()	Fax Number: _____ ()
Applicant Mailing Address: _____		E-mail Address: _____

Submittal Authorization:

Signature of Owner: _____	Date: _____
Signature of Applicant, if different from Owner: _____	Date: _____

For Office Use Only: Fee Amount: _____ Check No.: _____



Belmont Permit Center APPLICATION CHECKLIST

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Address: _____

Date: _____

Project: _____

*Please review your project with the Planning Department
to determine if any additional items listed below are required.*

Required
(by City)

Submitted
(by applicant)

Applications



Application Checklist (this form)



Permit Application



Supplemental Application



Neighborhood Outreach Strategy

Plans



Site Plan (six copies)



Floor Plan (six copies)



Exterior Elevations (six copies)



Cross-sections (six copies)



Landscape Plan (six copies)



Property line survey



Topographic survey map



Tree Plan



Grading plan



Drainage plan



Building sprinkler plan (four copies)



Driveway plan and profile

Address: _____

	<u>Required</u> (by City)	<u>Submitted</u> (by applicant)	
<u>Technical Information</u>	<input type="checkbox"/>	<input type="checkbox"/>	Calculations for cut and fill
	<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical report
	<input type="checkbox"/>	<input type="checkbox"/>	Engineering geology report
	<input type="checkbox"/>	<input type="checkbox"/>	Arborist report
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Preliminary title report
<u>Miscellaneous</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Color and material samples
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Photographs (eight sets)
<u>Noticing Information</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Noticing map
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notice list
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notice envelopes (post-paid)
<u>Fees and Deposits</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application fee
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Environmental fee
	<input type="checkbox"/>	<input type="checkbox"/>	Tree Removal Fee
	<input type="checkbox"/>	<input type="checkbox"/>	Geologic Review Fee
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Staff Assistant: _____ **Telephone:** _____ **Date:** _____

Applicant's Statement: As applicant for this project, I hereby certify that the materials listed as 'submitted' on this checklist are complete and accurate. If the City of Belmont determines that the materials are incomplete or inaccurate, I understand that the entire application may be deemed withdrawn and the application materials returned to me, with no further processing by the City.

Applicant's Name: _____ **Date:** _____

Applicant's Signature: _____



**Belmont Permit Center
SUPPLEMENTAL APPLICATION**

Application No.: _____ (Office Use)

Address: _____

Date: _____

Project: _____

In order to approve a request for a Variance, the Planning Commission must determine that the project meets the five findings listed below. Please indicate how the project meets these findings:

- A. The strict or literal interpretation and enforcement of the specified regulation would result in practical difficulty or unnecessary physical hardship inconsistent with the objectives of the Zoning Plan.

- B. There are exceptional or extraordinary circumstances or conditions applicable to the property involved or to the intended use of the property which do not apply generally to other properties classified in the same zoning district

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SUPPLEMENTAL APPLICATION

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- C. The strict or literal interpretation and enforcement of the specified regulation would deprive the applicant of privileges enjoyed by the owners of other properties classified in the same zoning district.

- D. The granting of the Variance will not constitute a grant of special privilege inconsistent with the limitations on other properties classified in the same zoning district.

- E. The granting of the Variance will not be detrimental to the public health, safety or welfare, or materially injurious to properties or improvements in the vicinity.

SUPPLEMENTAL APPLICATION

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Additional findings for Variance to Parking Standards. If the Variance is being requested for off-street parking or off-street loading standards, the Planning Commission must make the following three findings, in addition to the above findings. Please indicate how the project meets these findings:

F. Neither present or anticipated future traffic volumes generated by the use of the site, or the uses of sites in the vicinity, reasonably require strict or literal interpretation and enforcement of the specific regulation.

G. The granting of the Variance will not result in the parking or loading of vehicles on public streets in such a manner as to interfere with the free flow of traffic on the streets.

H. The granting of the Variance will not create a safety hazard or any other condition inconsistent with the objectives of the Zoning Plan.



Belmont Permit Center
PERMIT APPLICATION

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Street Address: _____

Application No.: _____

Site Preparation / Grading:

Number of Cubic Yards of Combined Cut and Fill:

_____ Cubic Yards

OR Check ☐ if less than 50 Cubic Yards

Depth of any Cut or Fill at Deepest Point:

_____ Feet

OR Check ☐ if less than 2 Feet

Surface Area to be Graded or Cleared:

_____ Square Feet

OR Check ☐ if less than 2000 Square Feet

Retaining Walls:

The Project Includes New, Rebuilt or Extended Retaining Walls:

☐ Yes

☐ No

Maximum Height of New, Rebuilt or Extended Retaining Walls:

_____ Feet

Floor Area:

Existing Floor Area of All Enclosed Structures: _____ Square Feet

Proposed New Floor Area to be Added: _____ Square Feet

Total Floor Area Resulting from Project: _____ Square Feet

On-site Parking:

Existing Parking / Number of Spaces: _____ Covered _____ Uncovered

Proposed Additional or Lost Parking Spaces: _____ Covered _____ Uncovered

Total Parking Spaces Resulting from Project _____ Covered _____ Uncovered

Check any of the following items that apply to the project:

☐ Steep Terrain

☐ New Driveway / Curbscut

☐ New Signs

☐ Large Trees on Site

☐ New Water Service

☐ Redevelopment Area

☐ Historic Building on Site

☐ Construction Dumpster Required